Docket No.

250885US0DIV/ims

IN THE UNITED SPAPES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Hiroshi KAYAKIRI, et al.

SERIAL NO:

10/811,989

GAU:

1614

FILED:

March 30, 2004

EXAMINER:

FOR:

SULFONAMIDE COMPOUNDS AND PHARMACEUTICAL USE THEREOF

INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

SIR

Applicant(s) wish to disclose the following information.

REFERENCES

The applicant(s) wish to make of record the references cited in the attached European search report listed on the
attached form PTO-1449. Copies of the listed references are attached, where required, as are either statements of
relevancy or any readily available English translations of pertinent portions of any non-English language
references.

☐ A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

RELATED CASES

Attached is a list of applicant's pending application(s) or issued patent(s) which may be related to the present						
application. In accordance with discussions on August 4, 2004 with Mr. Nicholas P. Godici, Commissioner						
for Patents, it is no longer required to submit copies of cited pending applications. A modification of the						
Rules will be published soon in the Official Gazette. Cited issued patents, if any, are listed on the attached PTO						
form 1449.						

A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

CERTIFICATION

- Each item of information contained in this information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.
- □ No item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned, having made reasonable inquiry, was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this statement.

DEPOSIT ACCOUNT

Please charge any additional fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit account number 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.

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